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Dr. Akanksha Pagare
MD Scholar, Department of
Organon of Medicine and
Homoeopathic Philosophy,
Government Homoeopathic
Medical College and Hospital,
Bhopal, Madhya Pradesh,
India

Dr. Babita Shrivastava
HOD, Department of Organon
of Medicine and Homoeopathic
Philosophy, Government
Homoeopathic Medical College
and Hospital, Bhopal, Madhya
Pradesh, India

Dr. Babita Shrivastava
Guide, Department of Organon
of Medicine and Homoeopathic
Philosophy, Government
Homoeopathic Medical College
& Hospital, Bhopal, Madhya
Pradesh, India

Corresponding Author:
Dr. Akanksha Pagare
MD Scholar, Department of
Organon of Medicine and
Homoeopathic Philosophy,
Government Homoeopathic
Medical College & Hospital,
Bhopal, Madhya Pradesh,
India

Homoeopathy approaches to menopausal desire: A behavioral study

Dr. Akanksha Pagare, Dr. Babita Shrivastava and Dr. Babita Shrivastava

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Abstract

Despite descriptions dating back to the nineteenth century of menopause-related affective syndromes, recent investigations have been unable to characterize a specific disturbance of mood or behavior related to this period of life. This study investigates the behavioral disturbances associated with hypoactive sexual desire during menopause. Examining factors such as reduced initiation of intimacy, communication challenges, mood fluctuations, shifts in relationship dynamics, and impacts on self-esteem, our research sheds light on the multifaceted nature of these disturbances. Understanding the interplay between hormonal changes and psychosocial factors is crucial for developing targeted interventions and support systems to enhance the overall well-being of women experiencing hypoactive sexual desire during the menopausal transition.

Keywords: Menopausal desire, menopausal transition, sexual desire

Introduction

Menopause is generally defined as the permanent cessation of menstruation and fertility, usually occurring around the age of 50. It marks the end of a woman's reproductive years and is typically confirmed after 12 consecutive months without a menstrual period.

Behavioral disturbances during menopause-related hypoactive sexual desire may include reduced initiation of intimacy, challenges in communication about sexual matters, mood fluctuations, shifts in relationship dynamics, and impacts on self-esteem. These changes can result from a combination of hormonal shifts and psychosocial factors, underscoring the need for individualized support and understanding.

- It typically occurs in their late 40's or early 50's.
- During menopause, hormone levels, particularly Oestrogen and Progesterone decline, leading to various physical and emotional changes.

Epidemiology and Prevalence

The epidemiology of hypoactive sexual desire related behavioral disturbances during menopause is complex and influenced by various factors. Research suggests that a decline in estrogen levels during menopause can contribute to changes in sexual desire. However, the prevalence varies widely in studies, ranging from 26% to 63%, depending on population characteristics, cultural factors, study designs, and definitions of hypoactive sexual desire disorder (HSDD).

It's essential to note that sexual desire is a multifaceted aspect of sexuality, and not all women experience significant disturbances during menopause. Factors such as partner relationship, psychological well-being, and overall health also play a role in sexual function during this life stage.

Menopausal symptoms may include

- Hot flushes
- Night Sweats
- Aches and Pains
- Crawling or itching sensations under the skin

- Forgetfulness
- Headaches
- Irritability
- Lack of self esteem
- Reduced sex drive (increased in some cases)
- Tiredness
- Difficulty in sleeping – wakefulness or waking hot and sweaty
- Urinary frequency
- Vaginal Dryness
- Discomfort with sexual intercourse

Pathophysiology

The pathophysiology of menopause involves complex hormonal changes and physiological adjustments. Key elements include:

1. Ovarian Aging: As women age, the ovaries experience a decline in the number and quality of eggs, leading to a decrease in estrogen and progesterone production.

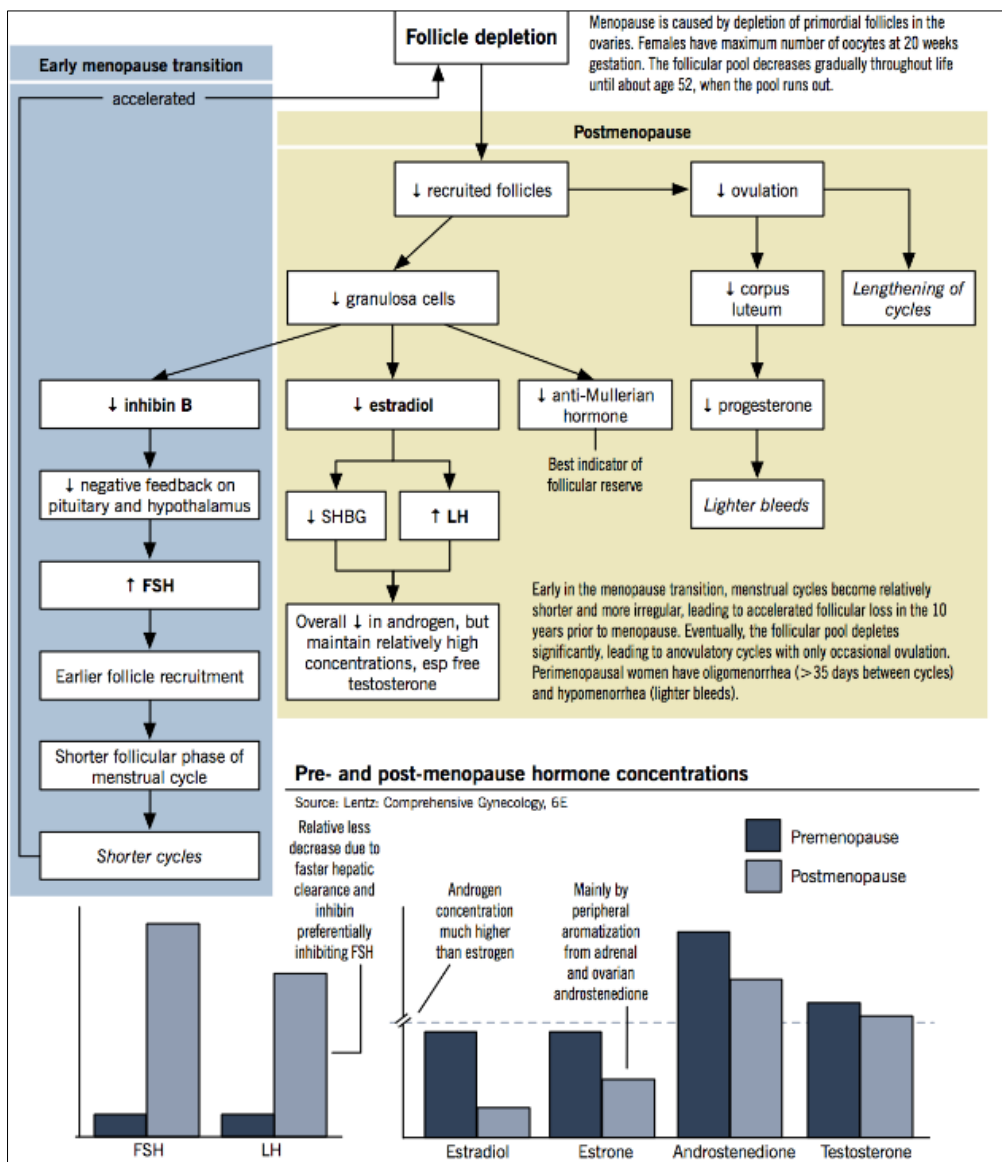
2. Hormonal Fluctuations: Fluctuations in estrogen and progesterone levels disrupt the menstrual cycle, leading to irregular periods before eventual cessation.

3. Follicular Depletion: The depletion of ovarian follicles contributes to diminished ovarian function, impacting hormone production and reproductive capacity.

4. Symptoms: Reduced estrogen levels contribute to common menopausal symptoms such as hot flashes, night sweats, vaginal dryness, and changes in mood.

5. Bone Health: Estrogen plays a role in maintaining bone density, and its decline during menopause can lead to an increased risk of osteoporosis.

6. Cardiovascular Changes: Menopause is associated with changes in lipid profiles and an increased risk of cardiovascular disease.



One of the most important and neglected symptoms during menopausal transition is the fluctuating sexual desire due to which one's behavior gets disturbed and the lifestyle gets affected

Sexual desire during menopause

Sexual Desire varies extensively in various females during their menopausal age.

Hormonal changes, such as decreasing Oestrogen levels, can affect libido in some women. However, not all women experience a decrease in sexual desire during this period [2].

Factors such as: Physical health, emotional well-being, relationship dynamics and personal attitudes towards ageing and sexuality can also influence sexual desire.

Factors That Affect Desire

Estrogen takes a nosedive during menopause. This change has a huge impact on sexual function. It can lower desire and make it harder to become aroused. It can also make the vaginal canal less stretchy and one may experience dryness, which can cause intercourse to be painful.

Additionally, with age it is more likely to experience health problems. Chronic illness and injuries can deplete your energy, cause physical pain and lower your body image—all of which affect your sex drive [8].

The relationship between sex drive & menopause is influenced by a combination of hormonal, physical & psychological factors

1. Hormonal Changes: The reduction in estrogen & progesterone levels that occurs during menopause can lead to changes in sexual desire for some women. Estrogen plays a role in maintaining vaginal lubrication & blood flow to the genital area, which can affect sexual comfort & arousal.

2. Vaginal changes: Decreased Estrogen levels can lead to vaginal dryness & thinning of vaginal walls, which might cause discomfort during sexual activity, potentially impacting libido.

3. Physical symptoms: Menopausal symptoms like hot flashes, night -sweats & sleep disturbances can lead to fatigue & impact overall well-being, potentially affecting sexual desire.

4. Mood Swings and Emotional Changes: Hormonal Fluctuations can contribute to mood swings, anxiety & even depression, which can influence libido.

5. Body image & Self Esteem: Physical changes that often accompany menopause can affect a women's body image & self-esteem, which may impact her confidence & interest in sexual activity.

6. Relationship Factors: The dynamicity with a partner & quality of relationship can influence sexual desire during menopause. Effective communication & understanding between partners are essential.

7. Psychological factors: Personal attitudes towards ageing, sexuality, & the meaning of menopause can also shape how women experience their sexual desire during this phase. Some postmenopausal women say they've got an improved sex drive. That may be due to less anxiety linked to a fear of pregnancy. Also, many postmenopausal women often have fewer child-rearing responsibilities, allowing them to relax and enjoy intimacy with their partners [9].

Behavior changes due to low libido during menopause

During Menopause, many women experience a range of behavioral disturbances may be due to low libido.

Low Sex Drive can contribute to or exacerbate behavioral disturbances in several ways:

1. Relationship Strain: A decreased interest in sexual activity can lead to frustration & tension in intimate relationships. This strain can result in arguments, emotional conflicts & communication breakdowns, contributing to behavioral disturbances.

2. Emotional Impact: Low sex drive can cause feelings of inadequacy, frustration & decreased self-esteem. These negative emotions can manifest as behavioral disturbances, such as irritability, mood swings or even depression. A decrease in libido may result in feelings of inadequacy or unattractiveness, impacting self-esteem & self-confidence.

3. Stress and Anxiety: Concerns about the impact of low libido on relationships & self-image can lead to increased stress & anxiety. Chronic stress & anxiety can in turn lead to behavioral disturbances including sleep problems, changes in appetite & social withdrawal.

4. Loss of intimacy: A decline in sexual activity can result in a loss of physical & emotional intimacy in a relationship. This loss of connection can lead to feelings of isolation & loneliness, which can contribute to behavioral disturbances.

5. Hormonal changes: Menopause involves significant hormonal fluctuations, which can affect both sexual desire & mood regulation. These hormonal changes can contribute to mood swings & emotional instability, impacting behavior.

6. Physical discomfort: Menopausal symptoms like vaginal dryness & discomfort during sex can deter sexual activity. Physical discomfort can lead to irritability & frustration, affecting behavior.

7. Sleep disruption: Hormonal changes can disrupt sleep patterns, leading to fatigue, which can contribute to irritability & other behavioral issues.

Homoeopathic management

Symptomatic Indication of some homoeopathic medicines:

Sepia

This remedy can be helpful if periods are sometimes late and scanty, but heavy and flooding at other times. Your pelvic organs can feel weak and sagging. Women who need this remedy usually feel dragged-out and weary, with an irritable detachment regarding family members, and a loss of interest in daily tasks. Exercise, especially dancing, may brighten your mood and improve your energy.

Pulsatilla

You might need this remedy if you are usually gentle and emotional, with changeable moods and a tendency toward tears. Periods are often irregular, and can come with queasy feelings, alternating heat and chills, and lack of thirst. You may feel worse for being in a stuffy room, preferring the open air.

Lachesis

This remedy is indicated for you if are suffering with hot flashes, headaches and even fainting. The menstrual bleed is dark and scanty with less flow and more pain.

There can be a lot of discharge and heightened sexual desire.

Cimicifuga

You might need Cimicifuga if your menstrual cramps feel like labour pain and your body feels very sensitive. The bleed is heavy with often a backache, the more there is flow the more you feel pain. Migraines can also come on due to hormonal imbalance and you will feel gloomy and a sense of dejection.

Lilium Tigrinum

Lilium Tig is an indicated remedy when you have early, dark menstrual bleeding with a bearing down sensation. The bleed flows only when you are moving. Emotionally there is a sense of business or hurry with anxiety and depression of spirits which can bring on a tendency to fly into rages and make other people “walk on eggs.”

Conclusion

Homoeopathic medicine shows better results in the management of endocrinal dysfunction.

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